

**DEPARTMENT OF VETERANS AFFAIRS (VA)
VETERANS' RURAL HEALTH ADVISORY COMMITTEE**

INAUGURAL MEETING SEPTEMBER 16, 2008

MINUTES

The Veterans' Rural Health Advisory Committee convened its inaugural meeting at 8:00 a.m. on September 16, 2008, at the L'Enfant Plaza Hotel, Washington, DC. In accordance with the provisions of Public Law 92-463, the meeting was open to the public.

Committee Members present:

Chairperson James F. Ahrens
Charles Abramson
Cynthia Barrigan
Bruce Behringer
Michael Dobmeier
James Floyd
Ronald Franks, M.D.
Rachel Gonzales-Hanson
Hilda Heady
Major General John W. Libby
Tom Morris*

Committee Members absent:

Robert Moser, M.D.**
Tom Ricketts, Ph.D., M.P.H.
Terry Schow**
Robert Gibbs*

Others present for all or part of the meeting:

James B. Peake, M.D., Secretary of Veterans Affairs
Michael J. Kussman, M.D., MS, MACP, Under Secretary for Health
Patricia Vandenberg, MHA, Assistant Deputy Under Secretary for Health for Policy & Planning
Richard Hartman, PhD, Director, Policy Analysis & Forecasting
Kara Hawthorne, MSW, Director, Office of Rural Health**
Anselm Beach, MA, Office of Rural Health
Alicia Henning, JD, Office of Rural Health
Robert J. Lane, National Project Manager, VA Employee Education System
Phil Riggan, Special Assistant to the Secretary, VA Advisory Committee Management Office
Vivian Drake, VA Advisory Committee Management Office
Adam Darkins, M.D., Chief Consultant, Care Coordination, Presenter
Ira R. Katz, M.D., Deputy Chief Patient Care Services Officer for Mental Health, Presenter
Mary B. Rooney, Program Specialist, Homeless Veterans, Presenter
Various members of the public

* Ex Officio

** call-in participation for part of meeting

Introductions

Committee Chairperson James F. Ahrens opened the meeting with Committee Member self introductions.

Presentation on Native American/Alaska Native/Native Hawaiian/Pacific Island Veterans

Committee Member James Floyd gave a presentation on the VA Secretary's workgroup concerned with access to VA services for Native American, Alaska Native, Native Hawaiian, and Pacific Islander veterans. Mr. Floyd referred to six projects the workgroup envisions and is undertaking to raise awareness in this veteran population of the VA benefits for which they are eligible and to assist them in accessing benefits. The use of current technologies was emphasized as a means for improving access for the significant numbers of rural members of this veteran population. Delivery of services via telephone and the internet, and the availability and portability of electronic medical records were described as important aspects of the workgroup's focus.

Secretary of Veterans Affairs

Secretary James B. Peake welcomed and spoke to the Committee, and presented each member present with a framed certificate of appointment. The Secretary remarked on the importance of understanding the issues of members of military reserve units; of harmonizing efforts of the Department of Defense and VA; of identifying tools already existing within our government to which VA can link to better serve veterans; and of identifying inter-agency issues for collaborative efforts, particularly issues shared with the Department of Health and Human Services' Indian Health Service. The Secretary invited the Committee to consider an array of options and to make specific suggestions in their recommendations to the Secretary.

Overview of Department of Veterans Affairs, Veterans Health Administration (VHA)

Patricia Vandenberg, Assistant Deputy Under Secretary for Health for Policy and Planning, gave a presentation to the Committee on the structure of VHA, including its facilities, personnel assets, and services. She discussed characteristics of the veteran population enrolled to receive VA health care services, and emerging issues that VHA must address and adapt to. These issues include rising health care spending, possible coordination of federal health care benefits, reopening enrollment to a broader population of veterans (Priority Group 8), Operation Enduring Freedom and Operation Iraqi Freedom veterans, and traumatic brain injury.

Overview of VA Office of Rural Health (ORH)

Kara Hawthorne, Director, Office of Rural Health, described the legislation that created ORH and talked about the mission and direction of the Office. She pointed out the importance of communications between ORH and VA program offices and organizations external to VA as ORH seeks to best serve rural veterans as a specific group. Ms. Hawthorne explained the areas of focus for ORH – access, technology, best practices/evaluation, education/training, workforce development and retention, and collaborations – as the Office develops initiatives and works toward establishing policy.

Under Secretary for Health

VHA Under Secretary for Health, Michael J. Kussman, spoke to the Committee about ways in which VA provides the best health care anywhere. Dr. Kussman noted that performance outcome measures show that VA is particularly meeting that description in mental health care. He talked about the 2004 Mental Health Strategic Plan, highlighting aspects including hiring more mental health workers, implementing a suicide hotline, and staffing suicide prevention coordinator positions to provide follow-up care for veterans after they complete treatment. Dr. Kussman emphasized that VA was committed to providing robust ambulatory care centers as close to where veterans live as possible, reaching out into rural and highly rural areas, as more and more health care services now are outpatient rather than inpatient. He discussed the challenges of treating veterans of the most recent military conflicts with the three signature injuries that have emerged from those conflicts: polytrauma, PTSD, and traumatic brain injury (TBI). He mentioned VA's commitment to a fifth polytrauma center being opened in Texas. He also described VA's screening of each veteran for TBI upon the veteran's enrollment in the VA health care system. Dr. Kussman encouraged innovative thinking, thinking outside the box to continue to improve the ways in which VA serves veterans.

ORH Programs and Initiatives

Anselm Beach and Alicia Henning from ORH gave a presentation of the programs and initiatives underway in that office. ORH programs include Mental Health Initiatives, Long-Term Care Initiatives, the VISN Rural Consultants Program, the Mobile Healthcare Clinic Pilot, Outreach Clinics, Veterans Rural Health Resource Centers, and the Veterans' Rural Health Advisory Committee. Committee Members expressed particular interest in the Rural Health Resource Centers and asked about consulting the Centers as the Committee proceeds with its work.

Committee Discussion

Committee Members, led by Chairman Ahrens, discussed ideas and options for their work moving forward from the inaugural meeting. The Committee brainstormed a number of issues for its possible attention including: PTSD and depression in rural veterans; mental health needs of rural veterans; health care needs of National Guard troops and Reservists; disparity of service in different states or regions; dental and vision care; Joint Family Support Program; electronic medical records; Seamless Transition; telehealth.

The Committee raised the question of inviting Veteran Service Organization representatives to speak at a meeting, and the fact that the meetings are open to the public and announced in the Federal Register was discussed.

The Committee raised a concern about the budget for the work of the Committee and Patricia Vandenberg advised that funding would be made available. The Committee determined that it would like its next meeting to be for two days in February 2009 somewhere in the southwest of the country. The Committee decided that it would like to explore the topic of electronic medical records with an eye toward easing the transition of veterans from the military into the VA system and also between health care providers, be they within or outside of VA. They determined that they would like to view a demonstration of MyHealtheVet.com as well as the VA electronic medical records system. They also noted that they would like information about delivery of services to Native Americans, again with a meeting site somewhere in the southwest that would

make access to Native American veterans a possibility. They suggested having an open microphone session during the meeting to hear from veterans, and possibly having speakers from the ORH Rural Health Resource Centers.

Finally, the Committee determined that it would participate in generating its agenda for future meetings but acknowledged that input from VA staff for the agenda would be important. The Committee anticipates meeting three to four times per year (charter states at least two times annually) and having opportunities for working in the field.

VHA Program Office Presentations

The Committee heard presentations from three VHA Program Offices: Mental Health Services, the Homeless Veterans Program, and the Office of Care Coordination. Handouts for each presentation were provided to Committee Members. In the Mental Health Services Presentation, Dr. Ira Katz, Deputy Chief Patient Care Services Officer for Mental Health, discussed the Mental Health Strategic Plan mentioned earlier in the day by Dr. Kussman, and the Mental Health Enhancement Initiative put in place to implement the Strategic Plan. Dr. Katz said that data from 2005-07 showed improvements in the day-to-day functioning of veterans receiving mental health care from VA, indicating that the Mental Health Strategic Plan and Mental Health Enhancement Initiative appears to be working. Dr. Katz also talked about distance and rurality as barriers to mental health care for veterans, and about VA's Mental Illness Research, Education and Clinical Centers (MIRECCs), noting in particular that VISN 16 was the rural model for MIRECCs.

Mary B. Rooney, Program Specialist with the Homeless Veterans Program, talked to the Committee about rural homeless veterans. She noted that it is difficult to identify these veterans and that a service in their local community usually brings them to the attention of VA. Ms. Rooney said that 94% of homeless veterans are male, and that finding permanent housing is the most difficult problem they face. She noted that VA and the Department of Housing and Urban Development (HUD) are working together to provide additional housing units for homeless veterans with funding from Congress appropriated to HUD. Ms. Rooney said that 9% of the homeless in general are rural, and VA has adopted this figure as an estimate of the number of rural homeless veterans.

Dr. Adam Darkins, Chief Consultant in VA's Office of Care Coordination spoke to the Committee about VA's telehealth initiatives. He noted that relatively simple technologies in a veteran's home are aiding veterans in receiving efficient and effective health care from VA. He recommended that more pilots of telehealth and other information technologies be launched and that they have a sound clinical basis.

Annual Ethics Presentation

The final presentation to the Committee was by an attorney from the VA General Counsel's Office concerning ethics. The attorney covered the ethics requirements for special government employees, a designation that applies to the majority of the Committee Members. She advised Committee Members to talk to their ethics official, Walt Hall, 202-461-7694, before they are in a situation that they anticipate may present a conflict of interest. The attorney highlighted that it is

a violation of ethical rules for a Committee Member to realize any financial gain as a result of his or her service on the Committee.

Public Comment


No written or oral public comments were presented to the Committee.

The meeting adjourned at approximately 5 o'clock p.m.

Attachments to Minutes

Meeting Agenda

Respectfully submitted,



Alicia Henning
Designated Federal Officer
Veterans' Rural Health Advisory Committee

I hereby certify that, to the best of my knowledge, the foregoing minutes from the September 16, 2008, meeting of the Veterans' Rural Health Advisory Committee are true and correct.



James F. Ahrens
Chairman
Veterans' Rural Health Advisory Committee

A transcript of the audio recording with full details of the September 16, 2008, meeting of the Veterans' Rural Health Advisory Committee is available. These minutes will be formally considered by the Committee at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.

Attachment

**DEPARTMENT OF VETERANS AFFAIRS (VA)
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**TUESDAY, SEPTEMBER 16, 2008
L'ENFANT PLAZA HOTEL, WASHINGTON, D.C.**

AGENDA

7:30 a.m.	Registration	
8:00 a.m.	Opening of Meeting Member Self-Introductions	James F. Ahrens Committee Chairperson
9:00 a.m.	Welcome and Remarks	James B. Peake, M.D. Secretary of Veterans Affairs
9:30 a.m.	Overview of Department of Veterans Affairs, Veterans Health Administration (VHA)	Patricia Vandenberg, MHA Assistant Deputy Under Secretary for Health for Policy and Planning
10:15 a.m.	<i>BREAK</i>	
10:30 a.m.	Office of Rural Health (ORH) Overview and Staff Introductions	Kara Hawthorne, MSW Director, Office of Rural Health
11:00 a.m.	Welcome and Remarks	Michael J. Kussman, M.D., MS, MACP Under Secretary for Health
11:30 a.m.	ORH Programs and Initiatives	Anselm Beach, MA Program Analyst, Office of Rural Health Alicia Henning, JD Program Analyst, Office of Rural Health
12:30 p.m.	<i>LUNCH</i>	
1:30 p.m.	Rural Health Challenges/Opportunities	Committee Chairperson and Members
2:45 p.m.	VHA Program Office Presentations	
	Mental Health Service	Ira R. Katz, M.D., PhD Deputy Chief Patient Care Services Officer for Mental Health
	Rural Homeless	Mary B. Rooney Program Specialist, Homeless Veterans

Care Coordination / Telehealth

Adam Darkins, M.D., MPH
Chief Consultant, Care Coordination

Native American /Alaska Native /
Native Hawaiian

James R. Floyd, FACHE
Acting Director, VISN 15

4:00 p.m. *BREAK*

4:15 p.m. Annual Ethics Presentation

VA Office of the General Counsel

4:45 p.m. Acknowledgement of Written Public Comments

Committee Chairperson

5:00 p.m. *ADJOURN*